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United States Bankruptcy Court  
District of Puerto Rico, Ponce Division

IN RE:

Case No. \_\_\_\_\_

Clinica Santa Rosa, Inc.

Chapter 11

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: November 13, 2016

Signature: /s/ FERNANDO ALARCON OCASIO

**FERNANDO ALARCON OCASIO, PRESIDENT**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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URB LA HACIENDA  
CALLE 44 AR 33  
GUAYAMA, PR 00784

MIGDALIA MATEO PEREIRA  
PO Box 960  
Guayama, PR 00785-0960

MIGUEL A GONZALEZ PERALTA  
PO Box 463  
Guayama, PR 00785-0463

MIGUEL A. MERCADO RIVERA  
HC 2 Box 4117  
Guayama, PR 00784-8538

MIGUEL BOLORIN  
URB JARDINES DE GUAMANI  
CALLE 3 D7  
GUAYAMA, PR 00784

MIGUELA SAEZ SANTIAGO  
PO Box 126  
Coamo, PR 00769-0126

MONLLOR FLEET SERVICES  
CARR 3 KM 140.5  
SECTOR MELANIA  
GUAYAMA, PR 00784

MR. INK OF PUERTO RICO  
PO Box 2003  
Caguas, PR 00726-2003

MUNICIPALITY OF GUAYAMA  
PO Box 360  
Guayama, PR 00785-0360

MYRIAM ROSA GARCIA  
URB PARQUE DEL SOL  
CALLE 1  
PATILLAS, PR 00723

MYRNA CORTES NIEVES  
PO Box 1381 BOX 1381  
Guayama, PR 00785-1381

MYRNA RIVERA  
PO Box 756  
Arroyo, PR 00714-0756

NANNETTE I VEGA CRUZ  
HC 1 Box 31050  
Juana Diaz, PR 00795-9739

NATIONAL BUILDING MAINTENANCE  
855 AVE HOSTOS  
PONCE, PR 00716-1105

NIPROMEDICAL OF P.R . INC  
PO Box 810263  
Carolina, PR 00981-0263

NOEMI ORTIZ ROMAN  
HC 1 Box 4003  
Salinas, PR 00751-9705

NOLIA CAMACHO  
HC 65  
Patillas, PR 00723-9377

NORAIDA RIVERA  
PO Box 3135 BOX 3135  
Guayama, PR 00785-3135

NORGIHEILIZ OPPENHEIMER  
PO BOX 800  
COTTO LAUREL, PR 00780

NORMA I. MORALES LEBRON  
PO Box 522 BOX 522  
Patillas, PR 00723-0522

NORTOL ENVIRONMENTAL &  
PO Box 366457  
San Juan, PR 00936-6457

NYDIA BURGOS  
HC 2 Box 4189  
Maunabo, PR 00707-9514

OLIVER EXTERMINATING  
PO Box 1264  
Caguas, PR 00726-1264

ONELIA FIGUEROA  
PTE. JOBOS COMUNIDAD MIRAMAR CALLE ORQUI  
GUAYAMA, PR 00787

OPTIVON  
PO Box 11881  
San Juan, PR 00922-1881

ORENGO & LUIS MAINTENANCE  
SUITE 174  
PO Box 71325  
San Juan, PR 00936-8425

ORIENTAL BANK  
PO Box 195115  
San Juan, PR 00919-5115

OTO-METRICS PR, INC.  
PO Box 12248  
San Juan, PR 00914-0248

P. R.SOLUTIONS SUPPLY, INC.  
PO Box 50460  
Toa Baja, PR 00950-0460

PCCG, INC./ACTIONRAD SOLUTIONS  
PO Box 10535  
Bradenton, FL 34282-0535

PEDRO AIR CONDITIONING Y/O  
CARR 3 SECTOR MELANIA  
KM 140.3 INT FINAL  
GUAYAMA, PR 00784

PHASOR ENGINEERING, INC.  
PO Box 9012  
Ponce, PR 00732-9012

PHILLIPS MEDICAL SYSTEM P.R INC  
200 WINSTON CHURCHILL AVE STE 302  
San Juan, PR 00926-6650

PRAXAIR PUERTO RICO B.V.  
PO Box 307  
Gurabo, PR 00778-0307

PREMED, LLC.  
PO Box 474  
Trujillo Alto, PR 00977-0474

PREMIER ANESTHESIA CONSULTANTS  
BIEN-TE-VEO 14  
URB MONTEHIEDRA  
SAN JUAN, PR 00926

Professional Inventory Special  
CALLE LA SORBONA 251  
UNIVERSITY GARDENS  
SAN JUAN, PR 00927

PROGRESSIVE SALES & SERVICE  
AVE. ROOSEVELT  
1163 PUERTO NUEVO  
San Juan, PR 00920

PUERTO RICO BIOMEDICAL  
PO Box 4755  
Carolina, PR 00984-4755

PUERTO RICO TELEPHONE  
PO BOX 71401  
San Juan, PR 00936

PUERTO RICO TELEPHONE  
PO BOX 71535  
San Juan, PR 00936-8635

PUERTO RICO TELEPHONE  
PUERTO RICO TELEPHONE  
PO BOX 71535  
San Juan, PR 00936-8635

PUERTORICO TELEPHONE  
PO Box 8635  
San Juan, PR 00910-0635

R H REALTY MANAGEMENT  
URB PASEO DEL PARQUE  
10 CALLE TIVOLI  
SAN JUAN, PR 00926

RADIOLOGY SUPPORTING SERVICES  
URB PASEO DEL PARQUE  
CALLE TIVOLI 10  
SAN JUAN, PR 00926

RAMON COLON AGUIRRE  
PO Box 128 BOX 128  
Arroyo, PR 00714-0128

REGIONAL ADJUSTMENT BUREAU  
PO Box 34111  
Memphis, TN 38184-0111



REINALDO ALBINO  
PO Box 10008  
Guayama, PR 00785-4008

REINALDO ALBINO MILIAN  
HC 65  
Patillas, PR 00723-9377

REPUBLIC SERVICES  
PO Box 7104  
Ponce, PR 00732-7104

REYES CONTRACTOR GROUP INC.  
URB CERRO GORDO HILLS  
22 RAUL JULIA  
VEGA ALTA, PR 00692

RIMACO, INC  
PO Box 8895  
San Juan, PR 00910-0895

RMC ORTHOPEDIC & SURGICAL, INC.  
AGM BUILDING  
42 CARR 20 SUITE 102  
GUAYNABO, PR 00966-3325

ROBERTO A. SALICETI  
PO Box 3080  
Guayama, PR 00785-3080

ROBERTO GARCIA RIVERA  
HC 2 Box 4751  
Guayama, PR 00784-7551

ROLANDO RIVERA  
HC 1 Box 18311  
Coamo, PR 00769-9800

ROLANDO SANTIAGO TORRES  
PO Box 195659  
San Juan, PR 00919-5659

ROLMARIE COLON GARCIA  
BO LOS POLLOS  
SECTOR PARCELAS NUEVAS 105  
PATILLAS, PR 00723

ROSIMAR APONTE GIBOYEAU  
PO Box 474  
Arroyo, PR 00714-0474

S A B I A M E D  
PO Box 6150  
Caguas, PR 00726-6150

SALICOOP  
PO Box 1169 box 1169  
Salinas, PR 00751-1169

SAMUEL SANCHEZ COLON  
HC 1  
Arroyo, PR 00714-9801

SANDRA G. COTTO MONTAÑEZ  
URB VILLA MAR CALLE CASPIO  
A 18  
GUAYAMA, PR 00784

SANTURCE X RAY & MEDICAL SUPPL  
PO Box 11749  
San Juan, PR 00910-2849

SARA J. MARTINEZ PROSPERE  
HC 64  
Patillas, PR 00723-9802

SATURINO MORALES  
PO Box 195659  
San Juan, PR 00919-5659

SECRETARIO DE HACIENDA  
PO Box 9024140  
San Juan, PR 00902-4140

SERV CORP  
405 AVENIDA ESMERALDA PMB 241  
Guaynabo, PR 00969

SISTEMA DE SALUD MENONITA  
PO Box 372800  
Cayey, PR 00737-2800

SISTEMA DE SALUD METROPOLITANO  
101 AVE SAN PATRICIO  
SUITE 960  
GUAYNABO, PR 00968

SIXMARY RODRIGUEZ  
URB JARDINES DE SALINAS 101  
CALLE JULIO MARTINEZ  
SALINAS, PR 00751

SOUTHERN PATOLOGY  
234-A SABANETA INDUSTRIAL PARK  
PONCE, PR 00716

SPOT ON HOLD  
PO Box 1836  
Mayaguez, PR 00681-1836

STERICYCLE, INC.  
PO Box 6582  
Carol Stream, IL 60197-6582

STRYKER SUSTAINABILITY  
STRYKER SUSTAINABILITY  
10232 S 51st St  
Phoenix, AZ 85044-5205

SYSTEMONE  
PO Box 10567  
San Juan, PR 00922-0567

SYSTRONICS, INC  
PO Box 7205  
Ponce, PR 00732-7205

TARIMAX DE PUERTO RICO, INC  
PO Box 793  
Patillas, PR 00723-0793

TONER & INKJET EXPRESS  
AVE. FAGOT  
A10 SUITE 2  
PONCE, PR 00717

ULEES  
Calle Héctor Salamán  
354 Urb Ext  
Hato Rey, PR 00918-2111

UMECOINC  
PO Box 21536  
San Juan, PR 00928-1536

UNICARE CORPORATION  
PO Box 1051  
Sabana Seca, PR 00952-1051

USDA Rural Development  
U.S. Department of Agriculture  
1400 Independence Ave SW  
Washington, DC 20250-0002

USDA Rural Development  
U.S. Department of Agriculture  
1400 Independence Ave SW  
Washington, DC 20250-0002

V I T A L I F E I N C.  
FEDERICO COSTAS ST  
M-1046 #2 TRES MONJITAS  
SAN JUAN, PR 00918

WAL-SMART, INC  
54 VALLE SUR  
MAYAGUEZ, PR 00680

WALTER J. RODRIGUEZ APONTE  
CAMPITOS BRENES #1  
ARROYO, PR 00714

WMED SOLUTIONS  
URB VISTALAGO  
CALLE LAGO LA PLATA #60  
GURABO, PR 00778

XEROX  
PO Box 299075  
Lewisville, TX 75029-9075

YAZMIN MORALES  
PO Box 195659  
San Juan, PR 00919-5659

YESSENIA ORTIZ ORTIZ  
URB HACIENDA GUAMANI  
125 CALLE HIGUILLO  
GUAYAMA, PR 00784

ZAIDA L. ESTRADA  
URB CIUDAD UNIVERSITARIA  
C GORRION G-14  
GUAYAMA, PR 00784

ZERO MEDICAL WASTE CORP.  
425 CARR 693 PMB 135  
DORADO, PR 00646

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO, PONCE DIVISION

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Clinica Santa Rosa, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0260851

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

3 Salida hacia Arroyo Guayama, PR 00784

Number, Street, City, State & ZIP Code

Guayama County

PO Box 10008 Guayama, PR 00785-4008

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

3 Salida hacia Arroyo Guayama, PR 00784 Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) ☐ Partnership (excluding LLP) ☐ Other. Specify:



Debtor **Clinica Santa Rosa, Inc.** Case number (if known) \_\_\_\_\_  
Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Clinica Santa Rosa, Inc.** Case number (if known) \_\_\_\_\_  
Name

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds *Check one:*
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199            | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input type="checkbox"/> \$1,000,001 - \$10 million             | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million           | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million          | <input type="checkbox"/> More than \$50 billion          |

Debtor **Clinica Santa Rosa, Inc.** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 13, 2016**  
MM / DD / YYYY

X **/s/ FERNANDO ALARCON OCASIO**  
Signature of authorized representative of debtor  
  
Title **PRESIDENT**

**FERNANDO ALARCON OCASIO**  
Printed name

**18. Signature of attorney**

X **/s/ Antonio I. Hernandez**  
Signature of attorney for debtor

Date **November 13, 2016**  
MM / DD / YYYY

**Antonio I. Hernandez**  
Printed name

**Hernandez Law Office**  
Firm name

**PO Box 8509**  
**San Juan, PR 00910-0509**  
Number, Street, City, State & ZIP Code

Contact phone **(787) 250-0575** Email address **ahernandezlaw@yahoo.com**

**USDC 201602**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Clinica Santa Rosa, Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property*(Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property*(Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases*(Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 13, 2016

X /s/ FERNANDO ALARCON OCASIO

Signature of individual signing on behalf of debtor

FERNANDO ALARCON OCASIO

Printed name

PRESIDENT

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Clinica Santa Rosa, Inc.**  
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO,  
 PONCE DIVISION**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
USDA RURAL DEVELOPMENT U.S. Department of Agriculture 1400 Independence Ave SW Washington, DC 20250-0002		Bank loan		\$7,794,016.00	\$3,200,000.00	\$4,594,016.00
ORIENTAL BANK PO Box 195115 San Juan, PR 00919-5115		Bank loan		\$3,265,073.56	\$700,000.00	\$2,565,074.00
USDA Rural Development U.S. Department of Agriculture 1400 Independence Ave SW Washington, DC 20250-0002				\$2,560,717.00	\$1,438,664.00	\$1,122,053.00
AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 2162141 PO Box 363508 San Juan, PR 00936-3508						\$1,910,466.31

Debtor **Clinica Santa Rosa, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 2948041 PO Box 363508 San Juan, PR 00936-3508						\$1,510,424.11
USDA Rural Development U.S. Department of Agriculture 1400 Independence Ave SW Washington, DC 20250-0002				\$716,994.00	\$402,822.00	\$314,172.00
CPS PUERTO RICO, INC CPS PUERTO RICO, INC 6409 N Quail Hollow Rd Memphis, TN 38120-1414						\$540,248.45
NATIONAL BUILDING MAINTENANCE 855 AVE HOSTOS PONCE, PR 00716-1105						\$360,272.30
SISTEMA DE SALUD METROPOLITANO 101 AVE SAN PATRICIO SUITE 960 GUAYNABO, PR 00968						\$297,440.00
S A B I A M E D PO Box 6150 Caguas, PR 00726-6150						\$236,873.84
SISTEMA DE SALUD MENONITA PO Box 372800 Cayey, PR 00737-2800						\$226,888.66

Debtor **Clinica Santa Rosa, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
FIRSTMEDICAL HEALTH PLAN, INC FIRST MEDICAL HEALTH PLAN, INC PO Box 70264 San Juan, PR 00936-8264						\$185,103.57
HOSP.EPISCOPAL SAN LUCAS						\$143,068.15
BORSCHOW HOSPITAL ACC 4120 BORSCHOW HOSPITAL ACC 4120 PO Box 366211 San Juan, PR 00936-6211						\$137,974.81
BAXTERSALES CORP BAXTER SALES CORP PO BOX 36-70280 San Juan, PR 00936-4707						\$132,965.84
PUERTO RICO HOSPITAL						\$126,816.63
PREMIER ANESTHESIA CONSULTANTS BIEN-TE-VEO 14 URB MONTEHIEDRA SAN JUAN, PR 00926						\$97,350.00
JOM SECURITY SERVICES, INC. PO Box 507 Guayama, PR 00785-0507						\$97,130.90
DEG ANESHESIA GROUP, PSC DEG ANESHESIA GROUP, PSC 401A Yauco, PR 00698						\$92,500.00

Debtor **Clinica Santa Rosa, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 9372141 PO Box 363508 San Juan, PR 00936-3508						\$92,471.29



B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of Puerto Rico, Ponce Division**

In re **Clinica Santa Rosa, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept \_\_\_\_\_ \$ \_\_\_\_\_

Prior to the filing of this statement I have received \_\_\_\_\_ \$ \_\_\_\_\_

Balance Due \_\_\_\_\_ \$ \_\_\_\_\_

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of \_\_\_\_\_ \$ **35,000.00**

The undersigned shall bill against the retainer at an hourly rate of \_\_\_\_\_ \$ **250.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

In re **Clinica Santa Rosa, Inc.**

Debtor(s)

Case No. \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 13, 2016**

*Date*

**/s/ Antonio I. Hernandez**

**Antonio I. Hernandez**

*Signature of Attorney*

**Hernandez Law Office**

**PO Box 8509**

**San Juan, PR 00910-0509**

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**ahernandezlaw@yahoo.com**

*Name of law firm*